

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
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35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL					
42							NO.					
43							DEF.					
44							TOTAL					
45							NO.					
46							DEF.					
47							TOTAL					
48							NO.					
49							DEF.					
50							TOTAL					
TOTAL							NO.					
NO.							DEF.					
DEF.							TOTAL					
TOTAL							NO.					
NO.							DEF.					
DEF.							TOTAL					
TOTAL							NO.					
NO.							DEF.					
DEF.							TOTAL					

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								